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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 OF 49 (check only one) X
Any information copied from such Reports and Stator for commercial purposes, other than using the national statement of the s		
NAME OF COMMITTEE (In Full) Womack for Congress Committee		
Full Name (Last, First, Middle Initial) A. Security Bankcard Center		Date of Disbursement
Mailing Address PO Box 6139		03 10 2015
City Norman	State Zip Code OK 73070-6139	Amount of Each Disbursement this Period
Purpose of Disbursement see subvendors	001	499.64 Transaction ID : B1896EA414F3247D99AF
Candidate Name Office Sought: House Disburse	Catego Type ment For: 2016	
State: District:	Primary General Other (specify)	
B. House Members Dining Room Mailing Address US House Of Representatives		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20515-0001	Amount of Each Disbursement this Period
Purpose of Disbursement contributor appreciation	001	112.00 Transaction ID : B4A63442F33EF4508B17
Candidate Name	Catego Type	ry/
	ment For: 2016 Primary General Other (specify)	
Full Name (Last, First, Middle Initial) C. Matchbox		Date of Disbursement
Mailing Address 521 8th Street SE		02 09 7 2015
City State Zip Code Washington DC 20003-2835		Amount of Each Disbursement this Period
Purpose of Disbursement New AR congressmn strategy mtg Candidate Name Ca		Transaction ID : B746D7D86A2734F5197A
Office Sought: House Disburse	ment For: 2016 Primary General Other (specify)	[MEMO ITEM]
		100.0

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....